

REQUEST FOR KASPER REPORT (COURT)

Please PRINT or TYPE information on all lines.

Subject NameFirst ***Required**Last ***Required**

Address

City

Zip

SSN

DOB

mm

dd

yyyy

Is/was the subject known by other names? Other Names* ☐Does/did the subject have other addresses? Other Addresses** ☐**Date Range for Report**

From

mm/dd/yyyy

To

mm/dd/yyyy

Judge's Name

Please Print

Term Expires

Fax Back Number

Case Number***Required**☐ * Other Names (check Other Names box, above)

1. _____

First

Last

2. _____

First

Last

3. _____

First

Last

☐ **Other Addresses (check Other Addresses box, above)

1. _____

2. _____

Court Location Details

Address

City, State, Zip

Telephone

By signing this request, I hereby certify that I am authorized to receive the requested data in accordance with the criteria in KRS 218A.202 (6)-(g): A judge administering a diversion or probation program of a criminal defendant arising out of a violation of this chapter or of a criminal defendant who is documented by the court as a substance abuser who is eligible to participate in a court-ordered drug diversion or probation program. I further certify that I have read and understand this criteria, and that I understand the knowing disclosure of this data to a person not authorized to receive the data is a Class D felony in accordance with KRS 218A.202(12)

Judge's Signature

**Limit 15 Requests
per Fax**

For KASPER Staff Only

**Cabinet for Health and Family Services**

Office of Inspector General/Division of Fraud, Waste & Abuse
Drug Enforcement and Professional Practices Branch
275 East Main Street HS2C-B
Frankfort, KY 40621 Phone 502-564-7985 Fax 502-564-2203

